

An Arrow Special



The National Children's Bureau
reports on striking differences
in the lives of British children

Born to Fail?

Peter Wedge & Hilary Prosser

BORN TO FAIL?





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Peter Wedge and Hilary Prosser

Photography by G. A. Clark

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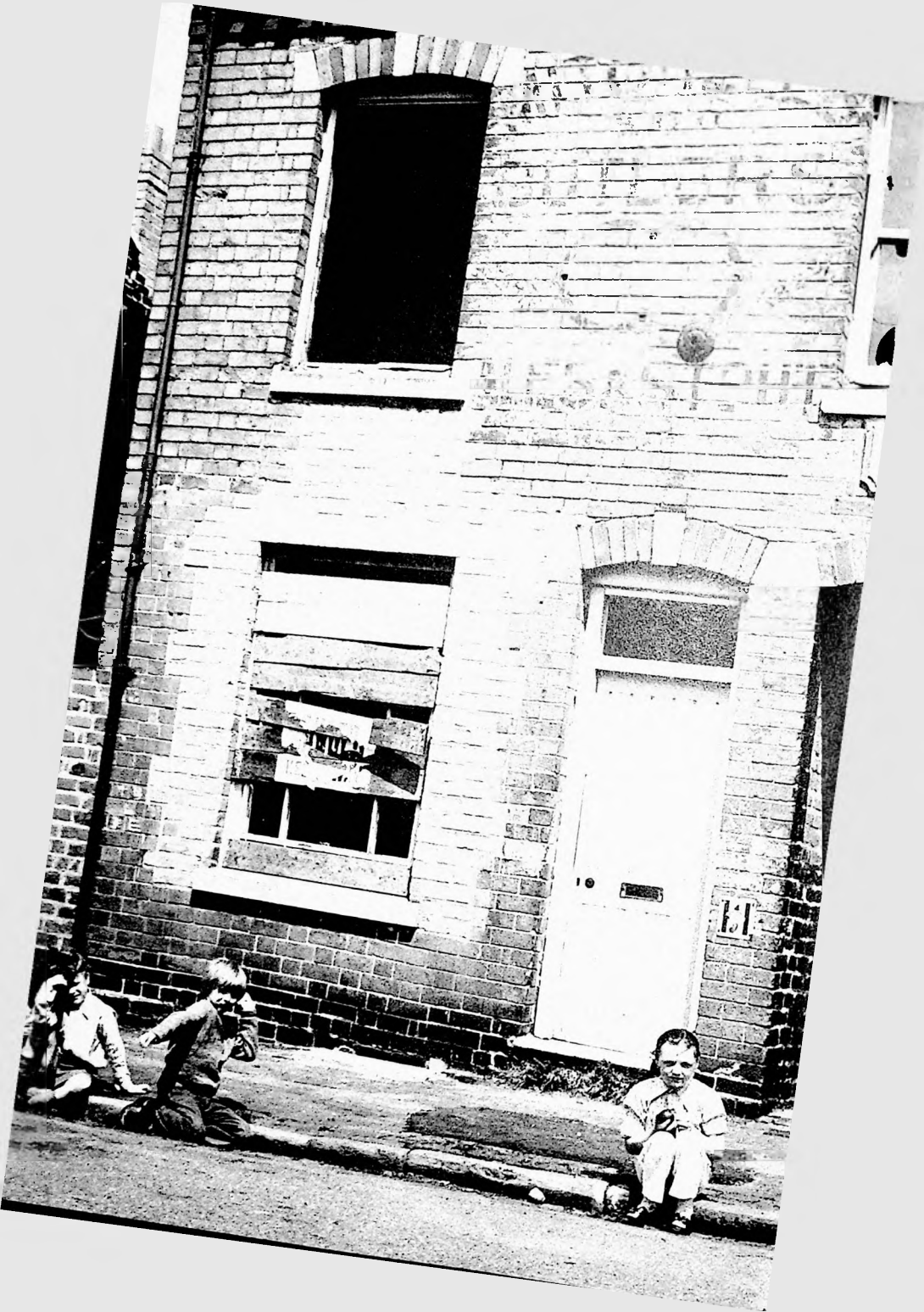
This book is about children and about Britain. It shows that the adversities of some boys and girls can extend into almost every aspect of their health, their family circumstances, and their educational development; it shows the enormous inequalities of life for 'disadvantaged' compared with 'ordinary' children. It questions some of the priorities, perspectives and seeming indifference of British society itself.

The information is based on the National Child Development Study, unique in the world, which is following the progress from birth to maturity of all the children in England, Scotland and Wales who were born in the week 3-9 March, 1958. Thus the children come from every corner of Britain; they are fit and handicapped, privileged and deprived, talented and retarded. The latest information was gathered in 1969 when the children were eleven. Earlier information was obtained when the children were born and when they were seven years old.

The collection of all the information at the various ages involved a host of professionals - doctors, teachers, health visitors, midwives - who examined and tested the children and interviewed their parents, who reported on their physical health, educational progress and behaviour, their families, homes and schools.

For technical reasons, we have included in our special study only those children on whom virtually complete data were available; the number involved was 10,504. These children are themselves representative of all in the National Child Development Study in terms of the composition, housing circumstances and income of their families. Our investigation is reported here in broad terms to provide an easy reference book; we hope to publish detailed findings in due course.

The comparisons we make interested and concerned us not just because they were very 'significant' statistically, but because they show accurately and reliably the conditions in which British children are growing up today. We set out to discover the facts about bad housing among children, about low income, about children in big families or one parent families. Each of these circumstances can present a hardship for the growing child - but what of those children in whose lives such hardships combine? What has life been like for them? How has it compared with that of most children - the 'ordinary' children? Have they been victims of some recent unexpected misfortune or has their whole life been one long struggle against the odds? What of the children's development? Have they had more illness? Do they fare as well at school? If change seems to be needed, how might the chances for 'disadvantaged' children be improved?



Social Conditions of British Children

There is no general agreement about what constitutes a 'social disadvantage', but to us three factors seem fundamentally important:

Family composition, i.e. a large number of children in the family or only one parent-figure.

Low income.

Poor housing.

Common sense suggests to us that any definition of 'social disadvantage' must take account of these factors, whatever else may be considered. Each of them identifies a crucial aspect of the child's experience when growing up.

Family composition

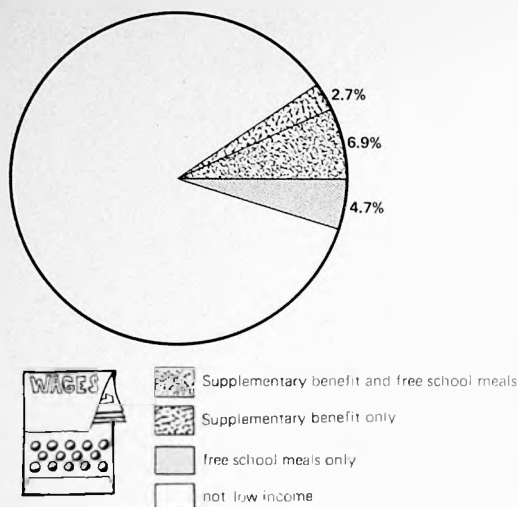
Children living with only one parent-figure at seven or eleven years of age are likely to have less help or attention from adults than children with two parent-figures and, other things being equal, will often be vulnerable emotionally and economically. Our survey showed one child in 16 (6% of all children in Britain) was living with only one parent-figure at either or both of these ages. This group does not include children living with step-parents, or foster parents, or adopted parents, nor does it include any children in hospitals, or children's homes; they were omitted from our study altogether.

Children in large families are also more likely to have less help or attention from adults. We found that at the age of seven or eleven more than one in every six children (18%) lived in a family where there were five or more children.

Overall, the proportion of eleven-year-old children who came from a large family or who had only one parent-figure was one in four (23%).

Low income

To define this we have made use of nationally applied means tests for free school meals and supplementary benefit. If at the time of interview of a parent, a child of the family was said to be



receiving free school meals, or if we learned that in the previous year the family income had been brought up to a minimum level by supplementary benefit – then for the purposes of this study the family was living on a low income.

SUPPLEMENTARY BENEFIT

Supplementary benefit applies only when there is no father or he is not in work. It is intended to bring the family's income up to a defined level which depends on the number of adults, ages of children, etc. The basic rate of benefit when our information was obtained in 1969 was £13.05p for a couple with three children aged 13, 11 and 9 years. For the same family the mid-1973 equivalent was £19.05p, about half the average earning of men in manual work.

FREE SCHOOL MEALS

Free school meals were available to all families on supplementary benefit and in other circumstances when certain income requirements were met. The calculation of these is complicated because allowance can be made for some fourteen items of family expenditure such as rent, fares to work, maintenance payments, insurance premiums, tax. Where the net income of a three child family in 1969 fell below £14.95p after allowing for these items one child received free meals. The equivalent mid-1973 figure was £20.40p.

Our figures will tend to underestimate the proportion of children living in low income families, principally because families often fail to take up benefits (through ignorance, fear of stigma, bureaucratic confusion and so on). A government report revealed that in 1966 free school meals were received by only a third of

eligible children with fathers in full-time work. [Ministry of Social Security (1967) *Circumstances of Families*, London, H.M.S.O.]

Despite the likely underestimate, the low income group among our children includes one child in every seven (14%).

This 'snapshot' is only of children in poverty at eleven. Some children who had spent a part of their earlier childhood in poverty would have moved out of it by the time our information was obtained. The needs and resources of a family vary considerably over time. Some families become better off, perhaps as older brothers and sisters begin work; others become worse off, perhaps as further children are born. Certainly, we can be sure that more children than our one in seven will have lived in a low income family at some stage.

How far the prevalence of poverty among eleven-year-olds is typical of that among all children of any age will depend on variables like the ages of other children in the family, family health, employment circumstances, and so on. If our figure for eleven-year-olds were to be typical of all children under compulsory school leaving age – approximately 14 million – it would imply that by our crude definition alone as many as two million children were living in low income families.

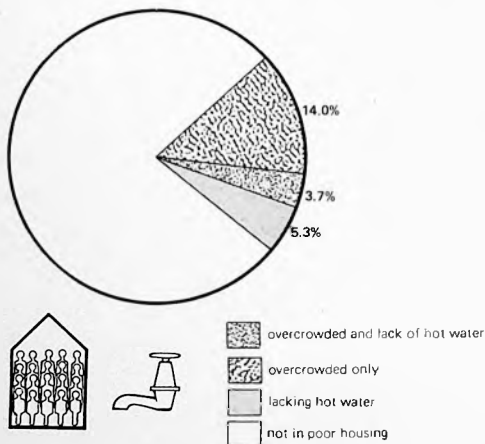


Poor housing

The standard of accommodation considered tolerable for growing children will vary. We have taken as inadequate those homes where the family was living at a density of more than $1\frac{1}{2}$ persons per room, or where there was no hot water supply for the family's exclusive use.

Our definition of overcrowding is quite stringent since it implies that a husband, wife and four children could occupy a living room, dining-kitchen and two bedrooms and just fail to be overcrowded. Yet one in six of the children (18%) was found to be in an overcrowded home either at seven or at eleven.

Lacking sole use of a hot water supply is a more stringent indicator of poor housing than lacking other such amenities in the home. Of those children in families without hot water, approximately four-fifths were also without a bathroom, and four-fifths were also without an indoor lavatory. Even so, at seven or eleven years of age one in eleven children (9%) lived in a family that was without the exclusive use of a hot water supply.



On this basis we found that by the age of eleven nearly one in four of all children (23%) was living or had been living a few years earlier in poor housing.

Just as some children will move in and out of poverty during their childhood, some will also move in and out of poor housing. Our 'snapshots' at seven and eleven take no account of those who may have been poorly housed for substantial periods,



but not at the time our information was obtained. To this extent our figures are an underestimate of the numbers of eleven-year-old children who have lived in bad housing. And if more eleven-year-olds have lived in bad housing than, say, five-year-olds, fewer of them have been badly housed than have fifteen-year-olds.

It seems reasonable to infer that our figures are not an over-estimate and that there are therefore at least $3\frac{1}{2}$ million boys and girls under compulsory school age who have spent part of their childhood in bad housing.

How many children altogether?

So far these findings have shown that large numbers of children fell into each of these important categories. But this is only part of the picture. Of great concern also is a) the number of children included in one or other of these groups, and then b) the number of them who are in more than one group. The picture they present is, of course, representative of children who were eleven years old in 1969.

The facts speak for themselves:

More than one child in every three (36%) was in either a one parent-figure family, or a large family, or a low income family, or had been badly housed.

Nearly one in three (30%) of all children was from a low income or poorly housed family.



Socially disadvantaged children

So far we have described none of these children as socially disadvantaged. We have reserved this description for that group who were in all of the three categories mentioned above. They were thus in either a one-parent or large family, *and* they were badly housed, *and* they were in a low income family. Of course, the proportion of children included in all three categories was much smaller. Nevertheless, it amounted to one child in every 16 (6%).

In our view, the circumstances of such children were extreme. What must it be like for a child to live in a large, overcrowded family that has a low income? Or to live on the poverty line with only one parent and in a home with a lack of basic amenities?

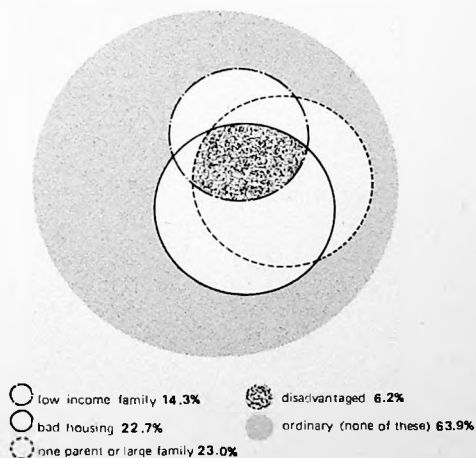
Yet on average it will have been the experience of two children in every British classroom.

Where socially disadvantaged children are found

One child in 16 was the proportion of disadvantaged among all children in Britain, but in individual regions the prevalence varied. In Southern England there was only one in 47 children. In Wales and in Northern England, on the other hand, there was one in every 12.

But the most disturbing proportion was found in Scotland, where one in every 10 children was disadvantaged.

11% of the eleven-year-old British children lived in Scotland, but 19% of disadvantaged children were found there.





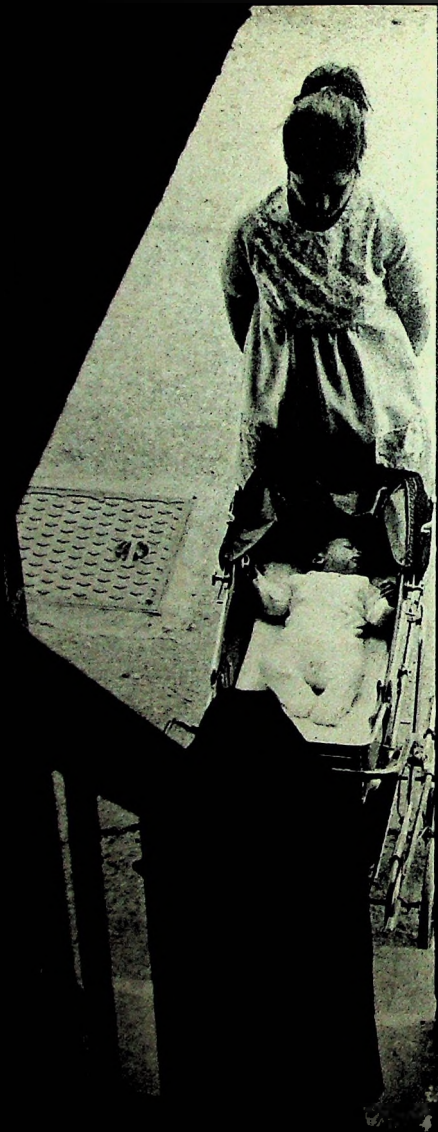
DIMENSIONS OF DISADVANTAGE

While there are neighbourhoods in which the proportion of disadvantaged children is higher, the average over the whole of England, Scotland and Wales is one in 16. Although the family and material circumstances of this group were extreme, only a small part of their total measurable disadvantage has been mentioned.

To reveal their plight more completely, we shall make a number of comparisons between the 'disadvantaged' and our large group of 'ordinary' children. These 'ordinary' children comprised all those in our study who fell into neither the one parent family, nor the large family, nor the low income, nor the poorly housed categories. 'Ordinary' children account for two-thirds (64%) of all British eleven-year-olds. Hence as a group they are by no means exceptionally well-off or living in well-appointed homes. They are a large and representative group of what politicians, magistrates, teachers, doctors and so on might regard as 'ordinary' boys and girls. Throughout this report we are calling this group ordinary children.

In presenting these comparisons we are not seeking social research explanations. We are essentially concerned to describe conditions and circumstances at birth, in the home, at school. It can be no consolation to disadvantaged children that one reason for their living in poor housing is that their families have a low income. The harsh fact is that their families are struggling to live in poor housing and have the further problem of a low income to add to their difficulties.

Our concern is to describe quantitatively something of the range of disadvantages that pile one on to another to depress body and spirit, hope and expectation.



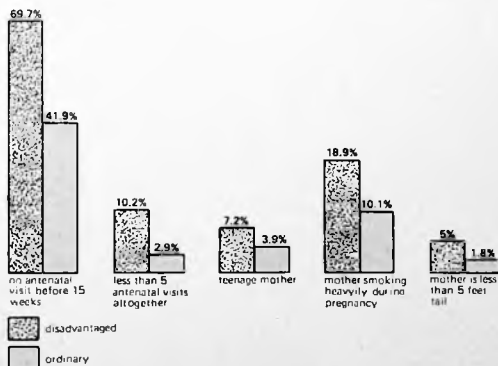
Dimensions of Disadvantage: Chances at birth

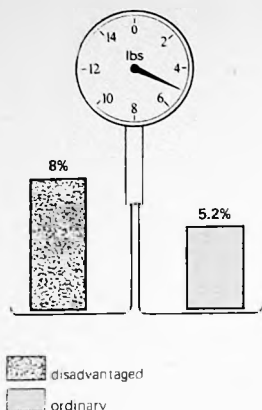
A number of pregnancy and birth circumstances are known to be associated with mortality in infancy and with physical and educational development later in childhood. They are related to physical and mental handicaps, health, growth and attainment at school.

There is, for example, a greatly increased risk of birth complications and handicaps among children born to mothers who have already had four or more pregnancies. One in three of the disadvantaged fell into this category.

Disadvantaged children were also much more likely to be born to teenage mothers (one in 14) compared with ordinary children (one in 25); and one in five of them had mothers who smoked heavily during pregnancy (ten or more cigarettes per day) compared with one in ten of the ordinary group. The children of young mothers and of those who smoke heavily are known to be additionally vulnerable to handicaps and poor development.

The best possible pre-natal care is therefore particularly important for the group of disadvantaged children so that their progress in the womb can be effectively monitored and any problems dealt with appropriately. Yet, in practice, 70% of their mothers had not made their first visit for antenatal consultation by the 15th week of pregnancy. Among ordinary children the proportion was 42%.





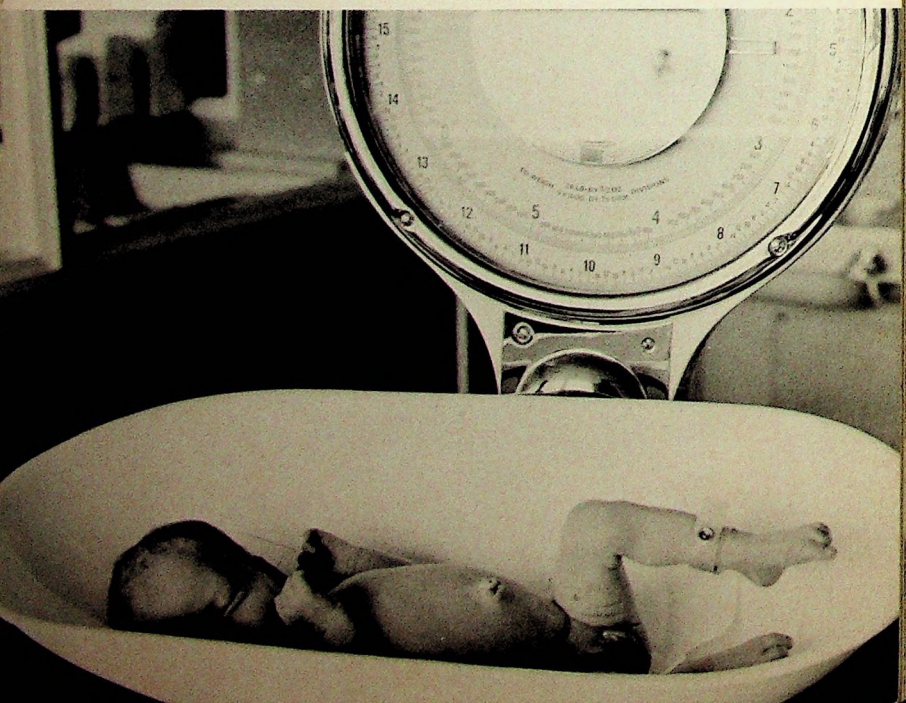
Further, one in ten mothers among the disadvantaged made fewer than five antenatal visits during the whole of their pregnancy compared with one in 33 of the mothers of the ordinary group.

When it came to arranging for the delivery of their baby, one in 40 of the mothers of the disadvantaged made no booking whatever, either for a hospital or a home confinement. Among mothers of ordinary children the proportion of unbooked deliveries was only one in 250.

The disadvantaged children, therefore, were vulnerable before birth not only because more of their mothers had had several previous pregnancies, were young, and had smoked heavily. They were also vulnerable because their mothers sought less medical attention for their developing offspring. In view of all these hazards it is hardly surprising that disadvantaged children were less likely to be within the normal range of weight at birth and were more likely to be born prematurely. One in 12 of them weighed $5\frac{1}{2}$ lb. or less compared with one in 20 of ordinary children, and one in four was born before the 39th week of pregnancy compared with one in six ordinary children.

What all this reveals is that compared with ordinary children the disadvantaged group — identified at eleven by their social circumstances — were at the time of birth already facing substantially diminished prospects of normal development of their chances in life.

Without a particularly favourable environment in infancy and childhood what hope do they have?





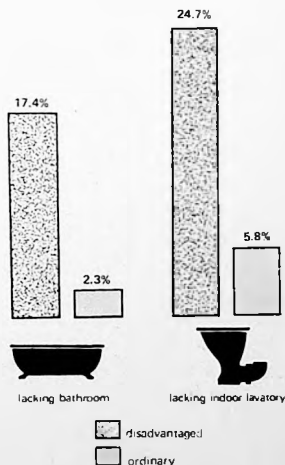
Dimensions of Disadvantage: House and neighbourhood

The general amenities of the home and its immediate neighbourhood can affect children's development in various ways. They can restrict the child's opportunity for investigation and exploration, for secure but independent play, for 'space to dream', within the house itself and outside. But a dearth of space and amenities not only affects the children directly, it usually implies extra strain on other members of the family, with consequent indirect effects upon the children.

How much extra effort is required of a mother who must heat a kettle for every drop of hot water needed to keep children clean and healthy, clothes washed, utensils germ-free?

Accommodation

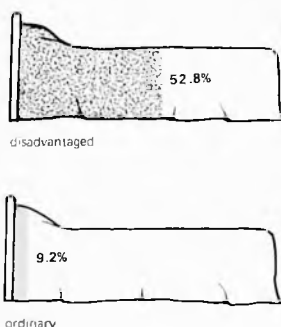
One in six of the disadvantaged children was, at eleven, living in a family without the sole use of a hot water supply. Further, one in six of them was similarly without a bathroom, and one in four without an indoor lavatory. Among ordinary children the



proportions were respectively none (by definition), one in 45, and one in 16.

Fewer of the disadvantaged children lived in a house. One in six of them was in a maisonette, a flat, rooms or a caravan compared with one in fifteen ordinary children.

The shortage of space at home is reflected in the number *sharing a bedroom*. More than 90% of the disadvantaged shared their room compared with less than half the ordinary group; three out of ten among the disadvantaged shared with at least three others. Although many children might prefer to share their bedroom fewer of the better housed group do so. Many more of the disadvantaged would doubtless have a room to themselves if the possibility were open to them.



The same must surely be true of *sharing a bed*, which brings an inevitably increased likelihood of disturbed sleep and of cross-infection and which, like room sharing, was far more common among the disadvantaged group. Over half of them were reported to share with someone else, compared with one in 11 ordinary children.

Furthermore, one in 22 of the disadvantaged children both shared and wet their bed – at eleven years of age! And if we but knew how many of the brothers or sisters wet the shared bed, no doubt this picture would look even more disturbing; some of the 'dry' disadvantaged children would also be found to be sleeping in a wet bed. As it is, this one in 22 represents a staggeringly high proportion who both shared and wet the bed. It compares with one in about 250 among the ordinary children.

Even when disadvantaged children were in bed, the nature of their sleep was likely to be very different from that of ordinary children.





Leisure amenities

Since disadvantaged children lived in poorer accommodation than ordinary children and probably more lived in inner city areas, it was surprising to find that outdoor facilities – parks, fields or recreation grounds – were neither less available for them nor less frequently used.

However, disadvantaged children *were* less likely to have access to swimming baths or to indoor play centres, clubs and the like, or to take advantage of them where they were reported to be available. Also, fewer disadvantaged children were said to have access to a public library, or to use it when available. Nevertheless, half the disadvantaged group were reported by their parents to use a public library at least 'sometimes'.

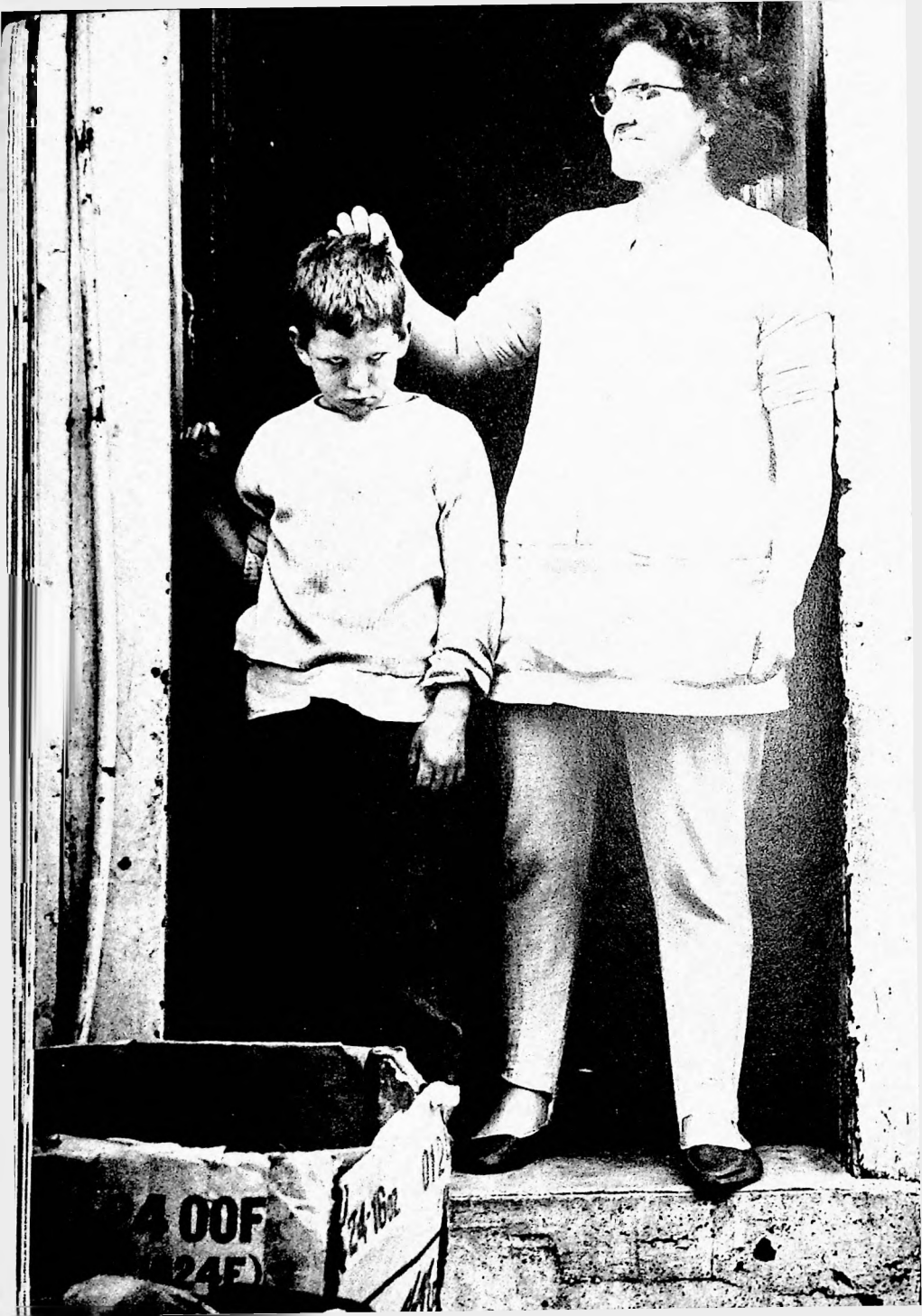
Parents' feelings

Despite their poor physical accommodation, two-thirds of the disadvantaged group's parents said that they were 'very satisfied' or 'fairly satisfied' with their accommodation. Yet most of them lived in homes that by the standards of most people in Britain were ill-equipped or far too small.

No doubt some parents will have been expressing satisfaction with the results of their home-making rather than with the house itself. Others will have felt 'satisfied' because their neighbours were in similar poor housing, and provided the standard of comparison. Perhaps some were 'satisfied' with their current housing compared with their own previous accommodation. A proportion will have been 'satisfied' with their housing because to be dissatisfied constituted a threat to self-esteem.

One's home is a reflection and an expression of oneself; openly to show dissatisfaction with it can involve self-criticism, shame, and embarrassment. Deprivation itself can diminish aspirations and expectations. Yet those at the bottom of the housing scale need to protect and preserve their shreds of self-esteem. Why should they publicly recognize the inadequacy of their accommodation?

That two-thirds of the disadvantaged were satisfied with their housing is no justification for society not offering something better. Among the disadvantaged who were dissatisfied (one-third) the most frequently expressed reasons were 'shortage of space' and 'lack of comfort', i.e. over-crowding and lack of amenities, one or both of which had been the experience of every disadvantaged child's family.



Dimensions of Disadvantage: **Family circumstances**

So far we have seen how the group of disadvantaged children were vulnerable at birth and had been growing up in poor physical surroundings. This might not have mattered too much if life at home were all that it might have been – happy, secure, healthy, stimulating. The home, we know, plays a vitally important part not only in the formation of character and personality, but in influencing children's physical development and most aspects of their ability to learn.

All of the children in our comparisons whether disadvantaged or not were living with their family at seven and at eleven years. Left out of the reckoning were any living in children's homes, special residential institutions and the like.

Social and educational background, and reading habits

Judged by their father's occupation, very few disadvantaged children were living in middle-class homes at eleven. Only one in 23 had fathers in professional, managerial, technical or other non-manual occupations. Among the ordinary children two in five were from middle-class families.

We looked back a generation to the social class of the grandparents of the two groups of children. Very few disadvantaged children had middle-class grandparents, and even among those from middle-class homes, only a few had middle-class grandparents, i.e. most of their grandfathers had been in manual occupations. Among the ordinary group, on the other hand, there were many more with middle-class grandparents; and among those children from middle-class homes, a substantial core had middle-class grandparents, i.e. most of the grandfathers had been in non-manual occupations. Thus the families of the middle-class disadvantaged group had quite different social origins from those of the middle-class ordinary group.

One in twenty of the fathers of disadvantaged children had stayed on at school beyond the minimum leaving age compared with one father in four of the ordinary group. Although more of the mothers stayed on, when considering the difference between the two groups, the pattern among them was much the same.

The influence of parent's social class and education was

reflected in their reading habits. Newspaper or magazine reading was a daily event for the mothers and fathers of two in five of the disadvantaged children but for three-quarters of the ordinary group. The reading of books or technical journals followed the same pattern, and with fathers reading more than mothers. However, one parent's reading pattern tends to reflect the other's. Among those children with two parents, two in every five of the disadvantaged were from homes where both parents 'never' or 'hardly ever' read a book. This compared with one in six ordinary children.

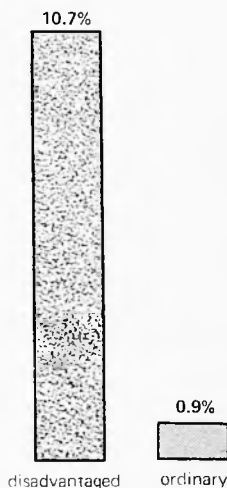
Fewer disadvantaged children were thus from middle-class homes, fewer of them had middle-class grandparents, fewer had parents who had stayed on at school beyond the minimum age and fewer of their parents read newspapers or books.

Use of personal social services

Social services exist to provide help for various groups in the community who are under particular stress of one kind or another. We should therefore expect disadvantaged children's families to make more use of them than ordinary families. Their life is beset not only by more problems of overcrowding, poor amenities and low income but with more difficulties of almost every kind. Although these difficulties interact one with another, as we have shown, they also accumulate.



One group of children whose home life had clearly been disrupted were those who at some time had been in the care of a local authority or other children's organisation. These were children whose parents either could not or would not provide an adequate home for them. Taking a child into care and away from his family is so undesirable that Parliament decided in 1963 that local councils must 'promote the welfare of children by diminishing the need to receive children into care or keep them in care. . . ' Yet, adopted children excluded, one in nine of the disadvantaged group had been in care at some stage before the age of eleven, compared with one in 100 among the ordinary group.



Other members of the families may also have had contact with social services, and the parents were asked about this when the children were eleven. This is what their answers revealed about the four years prior to interview :

Children's Departments: used by one in ten of the families of the disadvantaged children and one in 300 among those of ordinary children.

Mental Health Departments: contacted by proportionately three times as many families of the disadvantaged as of the ordinary children (one in 22 compared with one in 67).

Education Departments: of the disadvantaged, one in six mentioned some special help, and of the ordinary, one in 100.

Probation Service: mentioned by one in eleven of the disadvantaged and one in 300 of the ordinary.

While these figures show that the services were much more used by the group likely to be in greater need, the extent of the differences between the groups is striking.

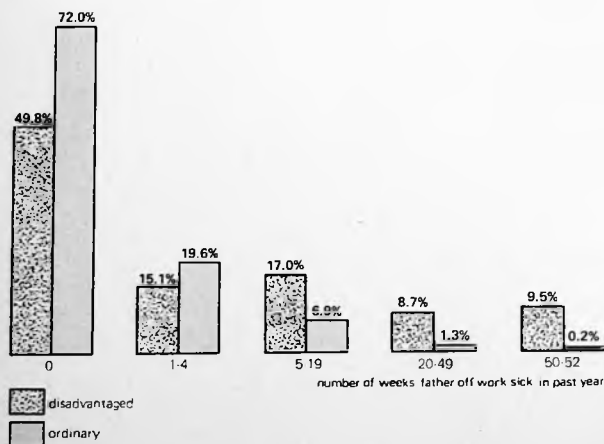
It appears that among all families with children, the families of our relatively small disadvantaged group (one in 16) accounted for two-fifths of all those who called on Children's Departments and on the Probation Service. The families of our large ordinary group (two out of three of all children) accounted for one-sixth of 'callers' on the same social services.

Thus a reduction in the numbers of disadvantaged could have a great impact on the social services.

If 2% of children were no longer in the disadvantaged group and as a result fewer of the families called on the social services, then we would expect there to be a reduction of between 11% and 14% in the number of 'calls' from families received by the Probation Service and by Children's Departments (now Social Work or Social Services Departments), i.e. there would be a reduction of up to one-seventh.

Family ill-health

The extent of chronic or serious disability or ill-health among the children's parents revealed their need for help of various kinds. Among the disadvantaged group, one in nine of the mothers and



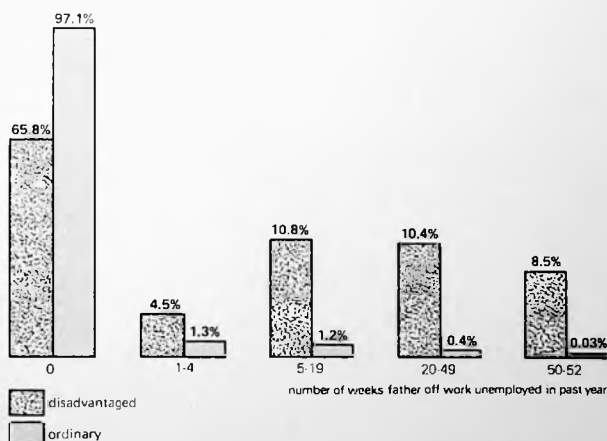
one in six of the fathers was assessed to have such a chronic or serious condition. Among the ordinary group there were one in 20 and one in 22. Thus although this in itself is a very high figure, the mothers of the disadvantaged children were twice as likely and their fathers were four times as likely to be chronically ill or seriously disabled as those of the ordinary group.

Again, the families apparently under the greatest stress were having to cope with an additional difficulty – a situation further confirmed by absences from work.

Absence of father from work through sickness or unemployment

The figures relate only to those children with a father-figure but are so striking as to require little comment.

Of the disadvantaged, half the fathers had been off work through sickness at some time in the 12 months prior to interview compared with only a quarter of the ordinary group. One in ten of the disadvantaged had a father off work sick for the whole year; only one in 500 of the ordinary group. One out of three of the disadvantaged group mentioned unemployment at some time during the year prior to interview compared with one out of 30 among the ordinary group. Of the disadvantaged, one in twelve had a father who was unemployed for the whole year; of the ordinary group there was one in 3,000.





Use of social security benefits

Families qualify for national insurance and other social security benefits when unemployment or sickness prevents the earning of income through work. At an interview, when the children in our study were eleven, the parents were asked about the sources of the family income in the preceding 12 months.

Among the disadvantaged children's families, three in ten had no income whatsoever from work in the year, one in three had received some sickness benefit, one in four had had unemployment benefit, and one in 25 had been on a disability pension. Half of them had received supplementary benefit – one of the criteria for their selection.

The ordinary group differed sharply. Of their families, none had received supplementary benefit (by definition), only one in six mentioned sickness benefit (half as many as among the disadvantaged), only one in 50 had had unemployment benefit (less than a twelfth of the disadvantaged figure), and one in 50 had been on a disability pension (again, half as many as among the disadvantaged).

The greatly increased dependence of their families on these social security benefits confirms the vulnerability of the disadvantaged group in particular and the importance of such benefits to them. However, the benefit rates are not generally set at a level that enables the long-term sick or the long-term unemployed to live without hardship.

But the problems are not only economic. Most people feel ambivalent about dependence. They would prefer to be self-supporting. That is why it is so often unnecessary and so often unhelpful when the wider society criticises social security recipients for supposedly 'scrounging'. It is criticism that is frequently unjustified, but also it creates an atmosphere of stigma that adds to the burdens of those who have no choice but to be dependent.

Our findings underline yet again the difficulties confronting many of the families of the disadvantaged group.

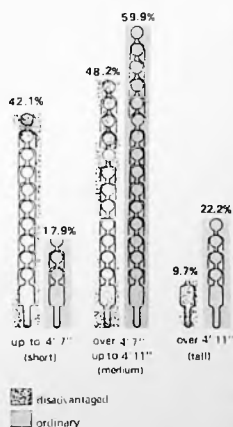


Dimensions of Disadvantage: Ill-health and physical development

The physical development of the disadvantaged children by eleven will have depended on the groups of factors that we have so far examined – on birth circumstances, physical environment and life with the family. In each respect the disadvantaged children were worse off. They began life with a deficit and the difficult social circumstances in which they grew up are hardly likely to have helped them to overcome their vulnerabilities at birth.

Height

This provides a practical and reliable indicator of general physical development and as such offers a means of comparing the relative health of groups of children. It has long been known that children's height is closely associated with social circumstances. Children born to mothers who had already had several pregnancies; children whose mothers smoked during pregnancy, or whose mothers were short or young at the time of birth; children from lower working-class homes or with a number of younger brothers and sisters – these children are known to be on average shorter throughout childhood than those not subject to such circumstances.



Each one of these factors was more common amongst the disadvantaged than the ordinary children and it is therefore not surprising to find that they were also shorter. Children whose height was no more than 4ft. 7ins. account for a fifth of British eleven-year-olds; among them were found two-fifths of the disadvantaged but only one-sixth of ordinary children.

Use of child health services

Just as antenatal care is provided free nationally to help preserve the health of the pregnant mother and her unborn child, facilities are also available for the infant, young toddler and school child. When the children in our study were seven their mothers were asked about the use of such facilities. The replies indicate that one in three of the disadvantaged children never attended an infant welfare clinic, whereas among ordinary children only one in five was a non-attender. Only one-third of disadvantaged but two-thirds of the ordinary children attended regularly. The local health clinic staff will therefore have had less opportunity to detect potentially handicapping conditions at the earliest ages. Some necessary remedies might therefore have been delayed – with all that this would involve for additional suffering and less complete recovery. Health care services delivered to the children in their homes try to compensate for this, but they are more expensive and time-consuming.

Mothers were also asked about the immunisation of their child against polio and diphtheria, and vaccination against smallpox. Compared with ordinary children the disadvantaged group were less likely to have been protected against each of these serious diseases. One in eight was unprotected against polio, one in seven against diphtheria and two in five against smallpox. The proportions of the ordinary children not protected were one in 40 (against polio), one in 30 (against diphtheria) and one in five (against smallpox).

Illness, and absence from school

At eleven, disadvantaged children were, according to their mothers, absent from school appreciably more because of ill-health or emotional disorder than ordinary children. One in eleven disadvantaged was absent for between one and three months, and one in fifty for more than three months in the year preceding the collection of our data. These figures compare with one in 25 ordinary children away for one to three months, and one in 250 away for more than three months. It seems likely that a part of the



difference between the two groups is associated with a greater prevalence among the disadvantaged group of infections generally and of respiratory infections, such as coughs and colds, in particular.

However, even the more serious illnesses which occur infrequently are more often found among the disadvantaged group. One in 16 of them was affected by rheumatic fever, infectious hepatitis, meningitis or tuberculosis compared with one in 32 ordinary children.

Accidents

Here too the disadvantaged were more affected. By the age of eleven the children were more likely than ordinary children to have received a burn, scald or serious flesh wound as a result of an accident at home.

These findings about the disadvantaged children are consistent with their living in cramped accommodation and with poor amenities. The boiling kettle will more often be knocked over if space for movement is restricted and if, as the family's source of hot water, the kettle is often in use. One in seven disadvantaged children had had a burn or scald compared with one in eleven

ordinary children. One in 25 of the disadvantaged had received at home a flesh wound requiring ten or more stitches, a proportion four times greater than that among ordinary children. Again, shortage of space could explain some of this difference in prevalence between the two groups of children.

Vision, hearing and speech

Impairment of any one of these three functions which are obviously essential for normal effective communication between people represents a handicap to the developing child.

As a result of the tests at eleven of visual acuity and squinting, the examining doctors identified those children with a visual impairment whether or not this was likely to interfere with normal schooling and everyday functioning. Such a visual impairment was found among one in six disadvantaged children. There was no difference between them and the ordinary group.

This was not the case with hearing impairment – one of the most handicapping of conditions, which, if severe, can have a crippling effect on communication and so on a child's capacity for learning. Tests showed that marked hearing loss was suffered four times more frequently by disadvantaged children as against the ordinary group (one in 35 compared with only one in 140). Some of the increased prevalence among the disadvantaged will have resulted from ear infections. These in turn are likely to be more common among the disadvantaged because of over-crowding, bed-sharing and so on.

Difficulties of speech were also found to be more common among disadvantaged children. Compared with the ordinary group they made more speech errors when repeating five short test sentences. One in 22 of them mispronounced four or more words, out of a possible 41 compared with one in 66 of the ordinary children. Whatever the explanations for poor speech (faulty learning, impaired hearing, etc.), it clearly can complicate personal communication and affect a child's ability to function normally in the classroom, which in turn will serve to depress the educational chances of the disadvantaged compared with those of ordinary children.

Special educational treatment

Children who are thought to be unable to take advantage of normal schooling because of some specific handicap (e.g. blindness, deafness, sub-normality) are said to require 'special educational treatment'.



By the age of eleven, one in 14 of the disadvantaged children was either receiving or was waiting to receive special education compared with only one in 80 ordinary children. This wide difference is accounted for almost entirely by the high proportion of disadvantaged children said to be educationally subnormal (one in 20) ; among ordinary children there was only one in 150.

Disadvantaged children are thus over-represented in special schools in general, and in schools for the educationally subnormal in particular. Some of this subnormality might have been avoided if parents had been more free of the stress discussed in earlier sections which is associated with poor health, crowded conditions, low income, unemployment and so on. With more freedom from parental stress, perhaps there would have been fewer of those children whose educational subnormality might be ascribed to lack of home stimulation. The need for special educational treatment that arises because of overcrowding, poor amenities, low incomes, etc., is surely avoidable.



Dimensions of Disadvantage:

School experience and parental interest

Pre-school and early experience

The crucial importance of the first five years in a child's development is well recognised. Where home conditions limit stimulation and appropriate play then nursery provision of various kinds becomes particularly important. The disadvantaged children would therefore seem to have been in greater need than ordinary children – but fewer of them had any form of 'pre-school experience' (one in seven compared with one in five), whether this experience was at a day nursery, nursery class, nursery school or playgroup.

In addition, the disadvantaged group were on average older when they began full-time compulsory schooling. They were also less likely to have had any part-time attendance. Since it is known that starting at school before the age of five rather than after is associated with higher achievement at seven, it seems that in terms of attainment the disadvantaged get off to a relatively poor start.

School conditions at eleven

Some measure of the physical condition of schools attended by children in the study when they were eleven was obtained by asking the age of the main buildings. We found no difference in the overall proportions of children attending schools of various ages; for example one in four of each group was at a school built before 1890.

Concern is often expressed about the high rate of teacher turn-over in some schools. We thought that this would be more common among disadvantaged children of whom more would be living in the less attractive inner-city areas. But it was not so. There was no difference in teacher turn-over between disadvantaged and ordinary children when we considered the proportion of teachers in schools for less than one year, for one or two years, or even for more than ten years.

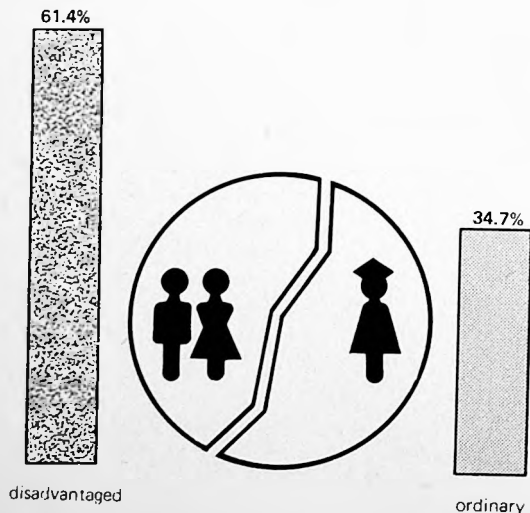
Disadvantaged children were not more likely to be affected by higher teacher turn-over than the ordinary group. Whether this reflects education policy, the concern of the teaching profession

for the less privileged, or whatever, this is a second example of educational provision – age of school building being the other – which did not discriminate against the disadvantaged.

The number of pupils in a class is held by the teaching profession to be an important factor in children's learning. Small classes are thought to be better although research has tended perversely to link higher measured attainment with larger classes. Clearly, however, teachers feel better about their working conditions where there are smaller classes, and arguably this ought to lead to improved education for children. Whatever the pros and cons of this class-size controversy, more disadvantaged children were in smaller classes and fewer in larger classes than were ordinary children. Even when we excluded those needing special education, we found that one in three of the disadvantaged was in classes of 30 or less compared with about one in five ordinary children. At the other extreme one in six of the disadvantaged was in a class of more than 40 compared with one in five of the ordinary children.

Parental interest and aspiration

The active interest of parents in their children's education is associated with higher measured attainment. One indication of this active interest is the extent to which parents visit the school to discuss their child; when the children were eleven their







teachers were asked about any such visits by parents in the previous twelve months.

Neither the mother nor the father had visited the school of three in every five children in the disadvantaged group compared with only one in three of the ordinary group.

Where some meeting did take place between teachers and parents of disadvantaged children, it usually involved the mother only; very few fathers saw the child's teacher on their own, and the proportion of children whose parents visited the school together was as small as one in thirteen.

This failure to visit school must to some extent reflect a lack of parents' interest in their child's education – through apathy, unconcern or a real sense of a divorce of interest between home and school – but they imply much more than this.

Parents will not go out of their way to talk with teachers if they feel that by doing so they run the risk of feeling ill at ease, embarrassed, or criticised, even implicitly. Teachers represent authority and parents who have unhappy experiences of authority figures or unhappy memories of their own school days will be reluctant to meet teachers. This is not to say that they are necessarily without interest in their children's future. Recent research in some educational priority areas found high concern by parents for children's development and a great deal of interest in education – but that this was often inappropriately or even unhelpfully expressed. (Halsey, A. H. (ed.) (1972) *Educational Priority*. Vol. 1. EPA Problems and Policies, London, H.M.S.O.)

In our study parents were asked whether they wished their child to leave school at the minimum possible age or to stay on longer. Even among the disadvantaged only one in six said that they wanted their child to leave as soon as possible (although there were only one in 30 among the ordinary group). Also, two-thirds of parents of the disadvantaged (compared with 17 out of 20 of the ordinary) said that they would like their child to continue with further education after leaving school. These parental aspirations for children's education contrast sharply with the proportion actually staying on at school or receiving further education. Perhaps they are unrealistic aspirations – but they do not suggest a widespread lack of interest.



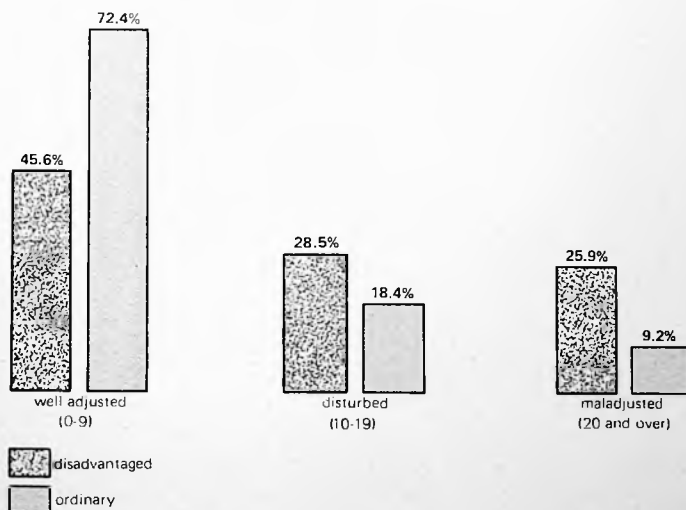
Dimensions of Disadvantage: Behaviour and attainment at school

Behaviour at school

Grading people's behaviour is bedevilled by technical problems of assessment and by value judgments about what are acceptable differences. When, for example, does politeness become fawning, independence become selfishness, shyness become withdrawal, or non-conformity become hostility?

On the basis of a list of descriptions completed by teachers, just under half of the disadvantaged children were rated 'well adjusted' compared with almost three-quarters of the ordinary group. *At the other extreme, one in four of the disadvantaged was 'maladjusted' but only one in eleven of the ordinary children.*

Despite the circumstances of their upbringing, the disadvantaged seemed remarkably 'well adjusted'. Some might argue that this is a measure of their conformity to teachers' standards and that this kind of 'good adjustment' is not in the long-term interests of children if it means that they will tolerate bad conditions when adults rather than loudly assert their



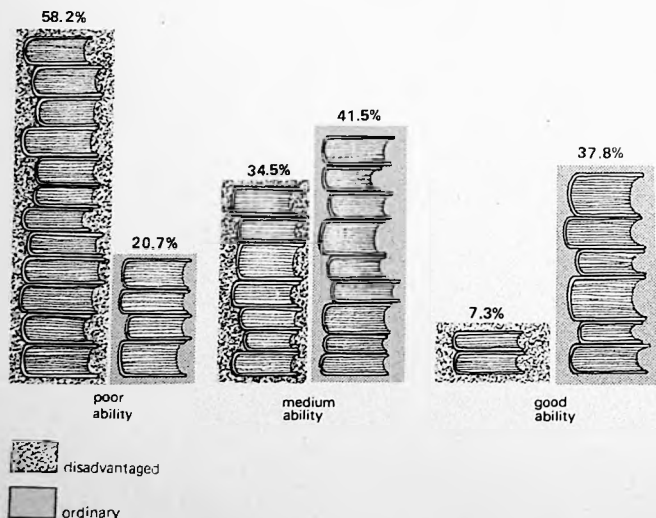
resentment. Should children be 'educated' to put up with their lot in later life, or should they be encouraged to find a means of changing their circumstances? This raises a fundamental question about the purpose of education (in its widest sense) particularly for the disadvantaged.

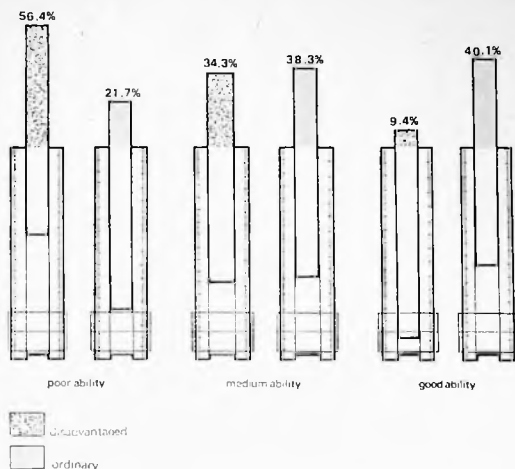
Educational attainment

At the age of eleven the children were tested in maths and in reading. Unsurprisingly, disadvantaged children did less well than ordinary children on each test. The averages of their reading and maths scores were lower; more of them scored in the lower ranges, fewer of them scored in the higher ranges.

One in six of them was receiving special help within the normal school for 'educational backwardness' compared with one in 16 of the ordinary group.

More of the disadvantaged children than expected (one in seven) were mentioned by their teachers as having 'outstanding ability' of some kind or other – in science, sport, music, chess, etc. One in four ordinary children was mentioned and, of these, two out of three scored highly on the maths test and two out of three scored highly on the reading test. Of the disadvantaged who had 'outstanding ability' only one in three scored highly on these tests.





Higher achievement among the disadvantaged children

Although we calculated that, on average, disadvantaged children were some $3\frac{1}{2}$ years behind ordinary children in their reading scores this does not mean that all of them did worse than all the ordinary children. In fact one in seven of them did better on our reading test than half the ordinary group. The same was true for maths.

As expected, some disadvantaged and some ordinary children were found at the highest and at the lowest levels of measured attainment. Being disadvantaged does not of itself explain why children do less well. We wondered whether differences in the attainment of disadvantaged children were associated with the same factors that are known to differentiate the attainment of children in general or whether particular factors might be relevant for one group but not for another. To this end we examined the average reading scores of groups of disadvantaged and ordinary children. In all, 40 factors were considered.

The preliminary analysis of birth, housing, school, health and family circumstances suggests broadly that:

- many factors are associated with differences in reading attainment among both the ordinary and the disadvantaged groups,
- some factors show differences among the ordinary but not among the disadvantaged children,
- no single factor shows differences among the disadvantaged children and not among the ordinary group.



Further, where an association is found in both groups of children, then it is never greater among the disadvantaged; in some cases the difference is greater among ordinary children.

There is no indication here of a new 'magic formula' that could greatly improve the attainment of disadvantaged children specifically. Rather it seems that with a few exceptions, factors known to be relevant to children generally are relevant also to the disadvantaged.

Social class and education

Among children generally, the single factor most strongly associated with high attainment is social class. This is not surprising since, apart from any other advantage middle-class children may have, the education system itself contains a 'bias' towards them in that the language used, the behaviour expected and the teachers themselves reflect middle class standards. Ability and attainment tests of various kinds also reflect the principle that a middle-class



way of thinking or doing things is right and should be adopted. Many in the field of education now question the validity of inculcating middle-class values; but whatever the merits of this argument, schools tend to be middle-class 'institutions' in which most of the pupils are working class. Those whose life at home incorporates the same values, language and behaviour as the school are the pupils most likely to 'do well'.

Only one in 25 of the disadvantaged was middle-class; the overwhelming majority was working-class. Hence part of their failure to 'succeed' arises from the differences between their own language, values and experiences of life and these implicitly or explicitly put forward by the school.

The need for change in the relationship of home and school in this respect is emphasised by the Halsey report on educational priority areas: '... not only must parents understand schools, schools must also understand the families and environments in which the children live'. Or again, when arguing for a curriculum appropriate to the child's community: 'Teachers need



to be sensitive to the social and moral climate in which their children are growing up.' The report argues for the application of teaching to 'a compassionate, tolerant and critical examination of all social, political and moral issues,' but regards this as 'the highest hurdle along the road to a community-orientated curriculum. It could take years and it will require a generous and sympathetic change of heart, not only among educational authorities but in society at large.'

A change to such a curriculum would have major implications for the disadvantaged. But this is likely to be a long and slow process – and changes are necessary not only in education if disadvantaged children are to be significantly helped.



Strategies for the Disadvantaged

Our study has shown a catalogue of vast differences between the way of life of disadvantaged and ordinary children. Individual findings have perhaps prompted little surprise, but what is striking is the massive accumulation of burdens afflicting disadvantaged children and their families, and which they are frequently expected somehow to overcome. Yet it should cause no surprise that so many of these children fail to 'behave', fail to 'learn' and fail to 'succeed'. *The message of these pages has been rather: what do we expect?*

One in sixteen, the disadvantaged group, suffered adversity after adversity, heaped upon them from before birth; their health was poorer, their school attainment lower and their physical environment worse in almost every way than that of ordinary children.

Three approaches for helping disadvantaged children are often put forward – through social work, education and a redistribution of material resources for families. How might they ease the problem?

Social work

First, families can be supported by social workers so that they cope more adequately with the demands of life. One criticism of this approach is that for many families these demands of life are totally unreasonable, and so stressful that no parent could possibly cope without a serious effect on them and their children. It is also said that by providing social workers to help these families to 'adjust' to their situation, society is neglecting the real problem. This, so the argument runs, is the lack of decent housing and of sufficient income. It is not that the parents are 'inadequate' but that their problems are too numerous and overwhelming, and that this is not their fault; they should not be expected to cope.

A criticism of this argument is that it overstates the case. The point is that if the stress caused by low income and poor housing were removed, social workers and others in the helping professions would be able to concentrate on the much smaller remaining group whose problems are not strongly associated with their material circumstances.

Education

How relevant to this situation is the second strategy – to improve the plight of the disadvantaged through their education? Undoubtedly schools have a large part to play in developing children's skills and awareness. But for how many disadvantaged children is school really relevant? Some critics have dismissed the idea of education as a force for social change because of the tendency of schools to reflect a way of life quite alien to disadvantaged children. Education as a 'social distributor' of life chances often compounds rather than eases the difficulties of disadvantaged children. Changing this is likely to take a very long time.

Material resources

What, then, of the third strategy – the redistribution of material resources for families? This is the most politically contentious of the three alternatives. It can be criticised either for failing to solve the problem or for being impractical.

Whether or not it could solve the problem depends greatly on what the problem is seen to be. Without doubt some parents of disadvantaged children are inadequate; perhaps their childhood was also disadvantaged. But if it is accepted that many parents are expected to cope with impossible burdens and that their material circumstances provide a major contribution to those burdens, then there is much to be said for tackling more earnestly the poor housing and low income that our study has revealed. Arguably it could eliminate a large part of many families' difficulties. And on humanitarian grounds alone large numbers of children need a better chance to grow, develop, learn and live than they currently receive.

But how practical a possibility is the significant redistribution of income and the significant improvement of housing? It does not necessarily require the creation of vast new national resources. On the contrary, redistribution implies that society re-allocate the resources already available. The issue was well defined 60 years ago by Tawney: 'The continuance of social evils is not due to the fact that we do not know what is right, but that we prefer to continue doing what is wrong. Those who have the power to remove them do not have the will, and those who have the will have not, as yet, the power.'

But power is said to rest in us all; our leaders only act for us. So if we have the will the social evil of disadvantage might at least be greatly reduced.



What then *is* our will?

Do we want technological progress, or human progress? Are we more interested in a bigger national cake so that some children get a bigger slice eventually – or are we ready for disadvantaged children to have a bigger slice now, even if as a result our personal slice is smaller? How many of our pleasures are bought at the expense of the disadvantaged?

If children are indeed our country's investment in the future, then everyone has a stake in their welfare. Reducing the material inequalities that help to cripple the life chances of disadvantaged children should have an urgent priority. *Do we mind if children grow up in bad housing when we could do something about it? Do we mind the stress caused by low incomes when we could afford to change it?*

As a society do we really care sufficiently about our children to reduce drastically the hardships of their families?

Do we care that so many are born to fail?

Some suggestions for further reading

The theoretical concept of disadvantage has been widely discussed in the United States but this literature is not always relevant to the British situation. American research has concentrated on the negro population. However, the following books offer useful discussions about defining 'disadvantage'.

MOYNIHAN, D. P. (ed.) (1969) *On Understanding Poverty*, New York, Basic Books.

PASSOW, A. H. (ed) (1963) *Education in Depressed Areas*, New York, Teachers College Press, Columbia University.

FANTINI, M. D. and WEINSTEIN, G. (1968) *The Disadvantaged: Challenge to Education*, New York, Harper & Row.

DAVIDSON, H. H. and GREENBERG, J. W. (1967) *School Achievers from a Deprived Background*, New York, Associated Education Services Corp.

In Britain, comparatively little has been written on the theory of social disadvantage, but two books in particular are worth reading for a general view.

TOWNSEND, P. (ed.) (1970) *The Concept of Poverty*, London, Heinemann.

A collection of papers on the methods of investigation and life styles of 'the poor' in different countries.

BULL, D. (ed.) (1972) *Family Poverty*, London, Duckworth, in association with Child Poverty Action Group.

Examines the problems of family poverty and gives a careful account of recent key developments and policy suggestions.

For some historical perspective on the concept of poverty—

ROSE, M. E. (1972) *The Relief of Poverty 1834-1914*, London, Macmillan.

Reviews the extent of poverty in the 19th century, as judged by contemporary sources, illustrates the changing attitudes towards it and the growth of social policy up to the First World War.

Present day poverty —

COATES, K. and SILBURN, S. (1970) *Poverty: The Forgotten Englishmen*, London, Penguin.

The findings of a survey of St Anne's — a slum area of Nottingham — giving a detailed account of material poverty — low income, poor housing, etc., but also of people's attitudes towards their poverty. Later chapters discuss poverty on a wider front with criticisms of social policy and suggested strategies for tackling the problem.

Official statistical sources relevant to the identification of family poverty are:

MINISTRY OF SOCIAL SECURITY (1967) *Circumstances of Families*, London, H.M.S.O.

DEPT. OF HEALTH AND SOCIAL SECURITY (1971) *Two Parent Families - a study of their resources and needs in 1968, 1969 and 1970*, London, H.M.S.O.

Based on the annual Family Expenditure Surveys.

CENTRAL STATISTICAL OFFICE (Quarterly) *Social Trends*, London, H.M.S.O.

For a review of national policy concerned with children — WYNN, M. (1972) *Family Policy*, London, Penguin.

"A study of the economic costs of rearing children, and their social and political consequences." Examines the needs of families and the extent to which these needs are met through social policy, not only in Britain, but in the United States and in Europe.

For some insight into the particular problems of the one-parent family —

MARSDEN, D. (1969) *Mothers Alone (Poverty and the Fatherless Family)*, London, Allen Lane.

GEORGE, V. and WILDING, P. (1972) *Motherless Families*, London, Routledge and Kegan Paul.

Two books which cover the range of problems faced by these families and focus on single parents' perceptions of their situation.

For some health aspects of 'disadvantage' —

RUTTER, M., TIZARD, J. and WHITMORE, K. (1970) *Education, Health and Behaviour*, London, Longmans.

Reports on a series of studies carried out in 1964-65 on complete age groups of children living on the Isle of Wight. Deals with the prevalence of educational handicaps as well as psychiatric and physical handicaps and discusses social handicaps where they relate to other disorders.

BIRCH, H. G. and GUSSOW, J. D. (1970) *Disadvantaged Children. Health, Nutrition and School Failure*, New York. Harcourt Brace & World Inc.

A review from different sources of birth and health factors including nutrition and growth. The emphasis is medical, although the relevance of environmental, school and home conditions, etc., is discussed.

The following are concerned primarily with various educational aspects of disadvantage —

COLEMAN, J. *et al.* (1966) *Equality of Educational Opportunity*, Washington, U.S. Department Health, Education and Welfare.

Presents the results of a major American survey into the 'influence' of school characteristics on pupil performance. Much of the data refers to the negro/white differences.

GOODACRE, E. (1970) *School and Home*, Slough, National Foundation for Educational Research.

A review of current trends in home/school relations.

KELSALL, R. K. and KELSALL, H. (1971) *Social Disadvantage and Educational Opportunity*, London, Holt, Rinehart and Winston.

Draws on research findings from Britain and the United States to give a readable and comprehensive account of the relationship between various types of social disadvantage and poor school attainment.

CENTRAL ADVISORY COUNCIL FOR EDUCATION (ENGLAND) (1967) *Children and their Primary Schools*, London, H.M.S.O. (The Plowden Report.)

HALSEY, A. H. (ed.) (1972) *Educational Priority. Vol. 1 EPA Problems and Policies*, London, H.M.S.O.

Based on the action research projects being carried out in Educational Priority Areas. Outlines a wide range of policies around the development of pre-schooling and the community school, and focuses on the implications of attempts to change schools and neighbourhoods as suggested in the Plowden Report.

BEREITER, C. and ENGELMANN, S. (1966) *Teaching Disadvantaged Children in the Pre-School*, New York, Prentice-Hall.

Prescribes teaching procedures and curricula for the pre-school education of disadvantaged children in America.

RUBENSTEIN, D. and STONEMAN, C. (eds.) (1970) *Education for Democracy*, London, Penguin.

A collection of essays by teachers, sociologists and educationalists which challenges much of the present educational system and argues for a more 'relevant' approach.

Finally, two books which are not primarily concerned with the problems of social disadvantage but which provide a more general view on the development of all children. Both are based on longitudinal studies although in method and in scope they are entirely different.

NEWSON, J. and NEWSON, E. (1970) *Four Years Old in an Urban Community*, London, Penguin.

Very readable, descriptive account of family life among a group of 700 Nottingham children. The second phase in a long-term project designed to investigate parent/child relationships.

DAVIE, R., BUTLER, N. and GOLDSTEIN, H. (1972) *From Birth to Seven*, London, Longman.

The second report of the National Child Development Study, which is monitoring the progress, from birth to maturity, of every child born in England, Scotland and Wales during one week of 1958. This report examines the health, education and home environment of the children from the time of birth until they were seven.



Of all the children born in Britain in the week of
3 - 9 March 1958

★ 1 in 4 have grown up in a family with 5 or more
children or with only one parent

★ 1 in 4 have been living in bad housing

★ 1 in 7 have been in low income families

Any one of these experiences may be hard enough for
a child to overcome

But 1 in 16 children – on average 2 in every British
classroom – have to face all three situations

Born to Fail? shows the massive accumulation of
additional hardships that confront this group of
children in almost every aspect of their daily lives.

What do we expect to become of them?
What should we do to help them?

Peter Wedge is Assistant Director of Research, Hilary Prosser is a Research
Assistant and G. A. Clark, who took the photographs is an Administrative
Officer – all at the National Children's Bureau.



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